

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MPD	75331	
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	DW	72344	5-8-16-00 9-20-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	1-29-03
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓✓✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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